

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF Kevin Taylor	COURT CASE NUMBER C.A. 04-40163-PBS
DEFENDANT Ms. C. Renuad	TYPE OF PROCESS Complaint
SERVE → NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN AT C. Renuad, Psychologist ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) Devens- Federal Medical Center P.O. Box 880, Ayer, MA 01432	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	
<input checked="" type="checkbox"/> Kevin Taylor Re: No. 03421-068 Devens-FMC P.O. Box 879, Ayer, MA 01432	
Number of process to be served with this Form - 285 12 Number of parties to be served in this case 12 Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

(same as above)

Signature of Attorney or other Originator requesting service on behalf of: <i>Kevin Taylor</i>	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE 7-11-05
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 1	District of Origin No. 38	District to Serve No. 38	Signature of Authorized USMS Deputy or Clerk <i>Naomi Salazar</i>	Date 7/18/05
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I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.	
Address (complete only if different than shown above)	Date of Service	Time am pm
Signature of U.S. Marshal or Deputy		

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: *Served by Cert Mail 7/20/05 AT*

UNITED STATES DISTRICT COURT

District of MASSACHUSETTS

KEVIN TAYLOR,

Plaintiff,

V.

SUMMONS IN A CIVIL CASEHARLEY LAPPE, Director,
Federal Bureau of Prisons, et al.,
Defendants.

CASE NUMBER: 04-40163-PBS

TO: (Name and address of Defendant)

C. RENUAD, Psychologist, FMC Devens

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

an answer to the complaint which is served on you with this summons, within 60 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.



6/6/05
DATE